

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>hr</i>	<i>62814</i>	<i>4/7/00</i>
O.I.P.E. CLASSIFIER		<i>8</i>	<i>4-13-00</i>
FORMALITY REVIEW	<i>DM</i>	<i>72223</i>	<i>6-21-00</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	5/12/03
2	✓	✓	2/11/04
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
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Claim	Final	Original	Date
1	✓	✓	5/12/03
2	✓	✓	2/11/04
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49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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